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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  OA 565279   |  |   |  |   |                   |                |                   |                        |                     |   |                        |  |
|---|--|---|--|---|-------------------|----------------|-------------------|------------------------|---------------------|---|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |  |   |                   |                | SMALL ENTITY      |                        |                     | OTHER THAN                              |                        |  |
| TOTAL CLAIMS  |  |   | 28                                       |   | والرابيل الجنوادة | R              | ATE               | FEE                    |                     | RATE                                    | FEE                    |  |
|   |  |   | איטווטבת בייבט איטווטב                   |   | ER EXTRA          | PAS            | IN EEE            | 3 <u>2</u> 2 nn        | cn                  | BASIC FEE                               | 710 00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2) minus 20= * 8                         |   |                   | X              | X\$ 9= 72 W       |                        | OR                  | X\$18=                                  |                        |  |
| INDEPENDENT CLAIMS  |  |   | 8 minus 3 = 1*5                          |   |                   | Х              | X40= 200.         |                        | OR                  | X80=                                    |                        |  |
| MOLTIFLE DEPENDENT CLAIM PR   |  |   | RESENT .                                 |   |                   | +              | 135=              |                        | OR                  | +270=                                   |                        |  |
| the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |   |                   | TO             | OTAL              | 627                    | OR                  | TOTAL                                   |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |  |   |                   |                | mat:              | ENTITY                 | OR.                 | OTHER<br>SMALL S                        |                        |  |
| )<br>!  |  | (Column 1)                                |  | (Column 2)                                  | (Column 3)        | 1              | SWALL             | ADDI-                  |                     | OIIIAEE .                               | ADDI-                  |  |
| ME 45 WE NT   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUMBER PREVIOUSLY PAID FOR                  | PRESENT           | HATE           |                   | TIONAL                 |                     | , RATE                                  | TIONAL<br>FEE          |  |
|   | ıotaı  | *   | iviinus                                  | **  | =                 | X              | ъ́ Э=             |                        | OR                  | X\$16=                                  |                        |  |
|   | Independent  | *   | Minus                                    | ***   | = ;               | T <sub>×</sub> | (40=              |                        | ОR                  | X80=                                    | a a tag                |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |   |                   | +              | 135=              |                        | OR                  | +270=                                   | * 14 · ·               |  |
|   |  |   |  |   |                   |                | TOTAL<br>DIT. FEE |                        | OR                  | TOTAL<br>ADDIT, FEE                     | •                      |  |
| <u>}</u>  |  | (Column 1)                                | (Column 2) (Column 3)                    |   |                   |                | // I. FEE         |                        |                     | , |                        |  |
| AMENDM = NT E   |  | CLAIMS<br>HEMAINING                       |  | HIGHEST                                     | PRESENT           |                |                   | ADDI-                  | Į                   |   | ADDI-                  |  |
|   |  | AFTER AMENDMENT                           |  | PREVIOUSLY<br>PAID FOR                      | FYTRA             | F<br>          | RATE              | TIONAL<br>FEE          | <br>                | RATE .                                  | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus                                    | **  | =                 | >              | (\$ 9=            |                        | OR                  | X\$18=                                  |                        |  |
|   | Independent  | *   | Minus                                    | ***   | <u> </u>          | )              | <b>(40=</b>       |                        | OR                  | X80=                                    |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |   |                   | -              | 135=              |                        | OR                  | +270=                                   |                        |  |
|   |  |   |  |   |                   | ADI            | TOTAL<br>DIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE                     |                        |  |
| 1   | (Column 1) (Column 2) (Column 3)   |   |  |   |                   |                |                   | -                      |                     |   | ļ                      |  |
| AMENDMENT C   | Propagation of the second of t | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | g the section of the gradient and a reco | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | F              | RATE,             | ADDI-<br>TIONAL<br>FEE |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  |   | Minus                                    |   |                   | * ,            | (\$ 9≟            | while war              | ÖŘ                  | ¥X\$18 <b>≥</b>                         | <b>EMPROVA</b>         |  |
|   | Independent  | *   | Minus                                    | ***   | =                 |                | (40= ·            |                        | OR                  | ××80≡                                   |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |  |   |                   |                | 135=              |                        | OR                  | +270=                                   |                        |  |
|   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |  |   |                   |                |                   | OR                     | TOTAL<br>ADDIT. FEE |   |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate |  |   |  |   |                   |                |                   |                        |                     |   | L                      |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |   |  |   |                   |                |                   |                        |                     |   |                        |  |